PTO/SB/17 (10-08) Approved for use through 06/30/2010. OMB 0651-0032 JUN 3 0 2010 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE perwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Under the **£** Effective on 12/08/2004. Complete if Known 10/571,880 **Application Number** TRANSMITTAI Filing Date September 10, 2004 For FY 2009 First Named Inventor Herbert Wehler **Examiner Name** J. Strimbu Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3634 TOTAL AMOUNT OF PAYMENT 180.00 Attorney Docket No. 10016.510 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order Other (please identify): None ✓ Deposit Account Deposit Account Number: <u>50-2911</u> Deposit Account Name: SMITH LAW OFFICE For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES **EXAMINATION FEES** SEARCH FEES **Small Entity Small Entity** Small Entity Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 540 220 165 270 110 Design 220 110 100 50 140 70 Plant 220 170 330 110 165 85 Reissue 330 650 165 540 270 325 Provisional 220 0 110 0 0 0 Small Entity 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195 **Total Claims Multiple Dependent Claims Extra Claims** Fee Paid (\$) Fee (\$) Fee (\$) Fee Paid (\$) - 20 or HP = HP = highest number of total claims paid for, if greater than 20. **Extra Claims** Fee (\$) Fee Paid (\$) HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

SUBMITTED BY			
Signature	Myw 5 H	Registration No. (Attorney/Agent) 33455	Telephone 608-824-8300
Name (Print/Type	e) Jeffry W. Smith		Date June 30 2010

Total Sheets

4. OTHER FEE(S)

- 100 =

Extra Sheets

Non-English Specification, \$130 fee (no small entity discount)
Other (e.g., late filing surcharge): Information Disclosure Statement

Number of each additional 50 or fraction thereof

(round up to a whole number) x

Fee (\$)

Fee Paid (\$)

Fees Paid (\$)

180.00

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Fees Paid (\$)

180.00

1 Note the Paperwork Reduct	tion Act of 199	5 no persons are required	d to resp	U.S. Paten	a and Trade	made Office II C DEC	PTO/SB/17 (06/30/2010. OMB 065 PARTMENT OF COMM a valid OMB control nu
چا کا Effect	tive on 12/08/2	2004.				omplete if Know	
Fees pursuant to the Consolid	iated Appropri	iations Act, 2005 (H.R. 481	118).	Application Nur	mber 1	0/571,880	
ADEMIC FEE TRANSMITTAL				Filing Date	S	September 10, 2004	
For FY 2009				First Named In			
			——[_[Examiner Name		. Strimbu	
Applicant claims small	l entity status	s. See 37 CFR 1.27	<u> </u>	Art Unit		634	
TOTAL AMOUNT OF PAY	MENT (\$	180.00		Attorney Docke		0016.510	
METHOD OF PAYMEN	T (check a	ll that apply)					
Check Credit (Card	Money Order	None	Other (please iden	·:&\\.	
Deposit Account			None				OFFICE
Beposit recount =		int Number: <u>50-2911</u> : account, the Director is	- harat	=		ne: SMITH LAW	OFFICE
			is neier	· —	·		
✓ Charge fee(s)) indicated b	elow		Charg	ge fee(s) ir	ndicated below, exc	ept for the filing fe
		e(s) or underpayments	of fee(s	(s) 🗸 Credi	it any over	payments	
under 37 CFF WARNING: Information on this	is form may b	ecome public. Credit car	rd infor		-	•	ovide credit card
information and authorization	on PTO-2038	3.					
FEE CALCULATION						_ -	
1. BASIC FILING, SEAF				-			
	FILING	FEES SE Small Entity		H FEES Small Entity	EXAMI	NATION FEES Small Entity	
Application Type	Fee (\$)		ee (\$)	Fee (\$)	Fee (\$		Fees Paid (\$)
	330	165 54	540	270	220	110	
Utility	220	103		270		110	
Utility Design	220		00	50	140	70	
•		110 10	00 330				
Design	220	110 10 110 33		50	140	70	
Design Plant	220 220	110 10 110 33 165 54	330	50 165 270	140 170 650	70 85 325	
Design Plant Reissue Provisional	220 220 330 220	110 10 110 33	330 540	50 165	140 170	70 85 325 0	Small Entity
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE	220 220 330 220 ES	110 10 110 33 165 54 110	330 540	50 165 270	140 170 650	70 85 325 0	Small Entity Fee (\$)
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i	220 220 330 220 ES	110 10 110 33 165 54 110 Reissues)	330 540 0	50 165 270	140 170 650	70 85 325 0 <u>Fee (\$)</u> 52	Fee (\$) 26
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla	220 220 330 220 ES including Raim over 3 (110 10 110 33 165 54 110 Reissues)	330 540 0	50 165 270	140 170 650	70 85 325 0 <u>Fee (\$)</u> 52 220	Fee (\$) 26 110
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c	220 220 330 220 ES including Raim over 3 (claims	110 10 110 33 165 54 110 Reissues) (including Reissues)	330 540 0	50 165 270 0	140 170 650	70 85 325 0 Fee (\$) 52 220 390	Fee (\$) 26 110 195
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c	220 220 330 220 ES including Raim over 3 (110 10 110 33 165 54 110 Reissues) (including Reissues)	330 540 0	50 165 270	140 170 650	70 85 325 0 Fee (\$) 52 220 390 Multiple Der	Fee (\$) 26 110 195 pendent Claims
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c. Total Claims - 20 or HP =	220 220 330 220 ES including Raim over 3 (claims Extra Claim	110 10 110 33 165 54 110 Reissues) (including Reissues) ms Fee (\$) x =	330 540 0	50 165 270 0	140 170 650	70 85 325 0 Fee (\$) 52 220 390	Fee (\$) 26 110 195
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent co	220 220 330 220 ES including Raim over 3 (claims Extra Claim	110 10 110 33 165 54 110 Reissues) (including Reissues) ms Fee (\$)	330 540 0 <u>Fee P</u>	50 165 270 0	140 170 650	70 85 325 0 Fee (\$) 52 220 390 Multiple Der	Fee (\$) 26 110 195 pendent Claims
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c. Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP =	220 220 330 220 ES including Raim over 3 (claims Extra Claim	110 10 110 33 165 54 110 Reissues) (including Reissues) ms Fee (\$)	330 540 0 Fee P	50 165 270 0	140 170 650	70 85 325 0 Fee (\$) 52 220 390 Multiple Der	Fee (\$) 26 110 195 pendent Claims
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of indep	220 220 330 220 ES including Raim over 3 (claims Extra Claim	110 10 110 33 165 54 110 Reissues) (including Reissues) ms Fee (\$)	330 540 0 Fee P	50 165 270 0	140 170 650	70 85 325 0 Fee (\$) 52 220 390 Multiple Der	Fee (\$) 26 110 195 pendent Claims
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of indep 3. APPLICATION SIZE	220 220 330 220 ES including Raim over 3 (claims Extra Claim Extra Claim pendent claim:	110 10 110 33 165 54 110 Reissues) (including Reissues) ms Fee (\$)	630 640 0 Fee P	50 165 270 0	140 170 650 0	70 85 325 0 Fee (\$) 52 220 390 Multiple Der Fee (\$)	Fee (\$) 26 110 195 pendent Claims Fee Paid (\$)
Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c. Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of indep. APPLICATION SIZE If the specification and	220 220 330 220 ES including Raim over 3 (claims Extra Claim Extra Claim Ependent claims FEE I drawings (control of the control of the contro	110 10 110 33 165 54 110 Reissues) (including Reissues) ms Fee (\$)	30 540 0 Fee P	50 165 270 0 Paid (\$) Paid (\$)	140 170 650 0	70 85 325 0 Fee (\$) 52 220 390 Multiple Der Fee (\$)	Fee (\$) 26 110 195 pendent Claims Fee Paid (\$) ce or computer
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c. Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of indep. 3. APPLICATION SIZE of the specification and listings under 37 CI	220 220 330 220 ES including Raim over 3 (claims Extra Claim Extra Claim FEE I drawings (FR 1.52(e))	110 10 110 33 165 54 110 Reissues) (including Reissues) ms Fee (\$)	Fee Page fee ce fee c	50 165 270 0 Paid (\$) Paid (\$) Paid (\$) Or (excluding edue is \$270 (\$)	140 170 650 0	70 85 325 0 Fee (\$) 52 220 390 Multiple Der Fee (\$)	Fee (\$) 26 110 195 pendent Claims Fee Paid (\$) ce or computer
Design Plant Reissue Provisional 2. EXCESS CLAIM FEE Fee Description Each claim over 20 (i Each independent cla Multiple dependent c. Total Claims - 20 or HP = HP = highest number of total Indep. Claims - 3 or HP = HP = highest number of indep. 3. APPLICATION SIZE of the specification and listings under 37 CI	220 220 330 220 ES including Raim over 3 (claims Extra Claim Extra Claim FEE I drawings (FR 1.52(e)) thereof. See Extra Shee	110 10 110 33 165 54 110 Reissues) (including Reissues) ms Fee (\$) x = or, if greater than 20. ms Fee (\$) x = spaid for, if greater than 3 exceed 100 sheets of 0, the application size 35 U.S.C. 41(a)(1)(ets Number of	Fee Page 16 feech af feach affects for the feech and feach affects for the feach affects	50 165 270 0 Paid (\$) Paid (\$) Paid (\$) Or (excluding edue is \$270 (\$)	140 170 650 0 0 8135 for s	70 85 325 0 Fee (\$) 52 220 390 Multiple Der Fee (\$) cally filed sequents and entity) for each of the fee (\$)	Fee (\$) 26 110 195 pendent Claims Fee Paid (\$) ce or computer each additional 50

SUBMITTED BY			
Signature	Coffin St	Registration No. (Attorney/Agent) 33455	Telephone 608-824-8300
Name (Print/Type)	Jeffry W. Smith		Date June 30 2010

Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.